

2018

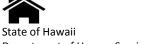
FOR OFFICIAL USE ONLY:					
☐ Crisis	☐ Credit				
Application Date:					
Agency:					
Worker:					

APPLICATION FOR LIHEAP											
Please complete every section and answer each question. Sign the application and the Rights and Obligations form. Failure to complete all sections and questions, sign the application and/or Rights and Obligations, or provide the requested documentation noted on the application, will delay processing your application and may result in your application being denied. PLEASE PRINT CLEARLY											
APPLICANT/HOUSEHOLD INFORMATION											
YOUR NAME: (Last, First, MI)  Phone number:  Alternate phone number:									ahor:		
YOUR NAME: (Last, First, MI)					riione number.	^	Atternate phone numbers			ibei.	
RESIDENCE ADDRESS: (Where you live)					APT. NO		CITY & ZIP CODE STATE				
MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)					APT. NO	CITY & ZIP CODE STATE					
Complete the following for every person living in your home, <b>including</b> yourself (attach additional page if necessary). The first name on the application should be the applicant. Check if receiving SNAP, WELFARE, and SSI or if Disabled. Provide proof of age for all children 5 & under. Provide proof of identity for all Adults.											
Name	Relationship	Date of	Age		Social Security					Ω	
(Last, First, Middle) (Jr., Sr., III)	to you	birth		Citizen	Number	M/F		RE/		BLE	
(0.1),				US Cit		SEX M/F	SNAP	WELFARE/ CASH	SSI	DISABLED	
1	SELF										
2											
3											
4											
5											
6											
7											
*** Are there additional people in your home?   YES   NO IF "YES" list them on a separate sheet of paper ***											
WHAT IS THE BRIMARY LANGUAGE SPOKEN IN VI	21121101453										
WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YO DO YOU READ, WRITE AND UNDERSTAND ENGLIS	_						-				
DO YOU NEED AN INTERPRETER?											
If yes:											
☐ I will provide my own interpreter.											
☐ I would like an interpreter provided. LANGUAGE:											
Do you have an Air Conditioner?  Centralized  Window/Split System How many do you have?											
Do you use A/C daily?  Yes  No How many hours?											
Do you have a <b>Photovoltaic</b> system(s)? ☐ Yes ☐ No Were you provided information on energy savings? ☐ Yes ☐ No											
Were you provided information on energy savings? ☐ Yes ☐ No  Would you like information on energy savings? ☐ Yes ☐ No											
Have you learned how to save on energy costs?   Yes  No											
Were you referred to a non-energy service such as a food pantry, job search, or housing? $\Box$ Yes $\Box$ No											



Department of Human Services

DWELLING INFORMATION							
Do you receive housing assistance?							
Rent \$ (you pay) + \$ (Housing Assistance payment) = \$ (total rent)  Mortgage \$  Maintenance Fee \$  I own my home and do not pay a mortgage.  I do not pay any rent, it is paid by someone else.  Name of person who pays rent Relationship  Landlord's name:  Landlord's Address:  Telephone number:							
<u> </u>	ITY INFO	- RMATION					
I WOULD LIKE TO APPLY FOR (Check only one):   Energy Credit (EC)   Energy Crisis Intervention (ECI)  I WOULD LIKE TO APPLY FOR UTILITY ASSISTANCE FOR (Check only one):   ELECTRIC   GAS  UTILITY SERVICE IS DISCONNECTED OR WILL BE DISCONNECTED:  YES  NO							
DISCONNCTION DATE :	Residence Addre	Gas Company) name:ldress:hber:					
NON CIT	TIZEN IN	FORMATION					
COMPLETE THIS SECTION IF YOU ARE <b>NOT</b> A U.S. CITIZEN: A	Attach ver	ification of immig	ration status.				
NAME	В	IRTHPLACE	DATE OF ENTRY	INS Form or Alien Registration Number			



Benefit Employment & Support Services Division Low Income Home Energy Assistance Program (LIHEAP) **Department of Human Services** 

		INCOM	IE INFORMA	ATION							
EARNED INCOME:											
List <i>all</i> employed househol	d members	s. Include employment	from January	to present	day. <i>All</i>	earnings m	ust be v	erified.			
Name	Employer Name & Ado Job Title		Start date MM/YY	End date	Hrs per	Rate per	Gross pa per pay check	per	Pay		
				MM/YY	wk	hr	CHECK	month	frequency		
SELF EMPLOYMENT INC	OME:			•							
Earning money from a busi	ness, baby	-sitting, out of home sal	es, Swap Mee	ets, garage s	ales, ca	r repairs, et	C.				
List <i>all</i> employed househol	d members	s. Include employment	from January	to present	day <b>. <i>All</i></b>	income an	d expens	es must be	verified.		
Self Employed Person	Type of Business			Hrs per week	Mont	hly Gross	Tips	Tips Monthly Expenses			
DOES ANYONE EXPECT A CI		· ·	W JOB, CHAN	GE IN WAG	ES, ETC.	)? 🗌 YE					
NAME OF PERSON	EXPLAIN CHANGE							DATE OF CHANGE			
							_				
UNEARNED INCOME:											
All unearned income must	ha varifiad										
Income Type Name			ame	Amour		Amount	Н	w Often Re	eceived?		
moome Type	icome Type		uc	Amount			(monthly, weekly)				
Welfare/Cash Benefits											
Social Security											
Supplemental Security Income (SSI)											
Unemployment Insurance											
Temporary Disability Insura	ance										
Veteran's Benefits											
Worker's Compensation											
Pension											
Child Support											
Alimony							_				
Foster Care Payments	tor										
Imua Kakou (Voluntary Fos Payments to young adults)	ter										
Insurance Settlements - mo	onthly										
Money from friends, relativ											
charities, contributions, gif	-										
Lump Sum (insurance settle											
retroactive payments)	,										
Other (Cash from employment,	paid under										
the table, collecting cans)	,										

Benefit Employment & Support Services Division Low Income Home Energy Assistance Program (LIHEAP)

## CERTIFICATION OF ELIGIBILITY, UNDERSTANDING & RELEASE FOR ALL HOUSEHOLD MEMBERS 18 YRS+

My signature on this application gives my permission to the Department of Human Services or its authorized agent to (a) check any information I give about where I live, my jobs, income, energy supply and energy supplier/utility company; (b) share information with my energy supplier and receive information from my energy supplier to allow DHS to obtain a record of my annual energy consumption, cost and billing information for the purpose of program evaluation, operation, or reporting;

- 1. I affirm that Hawaii is my legal residence.
- 2. I understand that I have the right to discuss any action regarding your application with the Community Action Agency or the State.
- 3. I understand that I have the right to appeal any negative decision or undue delay in processing this application. An appeal must be submitted in writing within 60 days from the date of notification. I have the right to examine prior to the hearing, my case file and any documents used in the determination of the appealed action. I have the right to legal representation.
- 4. I understand any Social Security number(s) given will be used in the administration of this program, including cross matches with other programs.
- 5. All records are kept confidential.
- 6. In accordance with Federal law and U.S. Department of Health and Human Services (HHS) policy, discriminating on the basis of race, color, national origin, sex or disability is prohibited. To file a complaint of discrimination with DHS contact the Civil Rights Compliance office at 1390 Miller St., Room 214, or call (808) 586-4955, or contact HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W. Washington, D.C., 20201 or call (202) 614-0403(voice) or (202) 619-3257 (TDD), HHS is an equal opportunity provider and employer.
- 7. I understand that if my household is eligible for a one-time payment of LIHEAP benefits, it must be sent directly to my utility company and will be deposited into the utility account at the utility company for which I requested help. I also understand that I must have an open active account with the Utility Company when the LIHEAP funds are posted or I will not be eligible for LIHEAP.
- 8. The Agency or Community Action Program and the State of Hawaii Department of Human Services' Low Income Home Energy Assistance Program shall not be responsible for the delivery or non-receipt of mail.
- 9. Any or all unused funds may be returned to State.
- 10. I know that if I give false information, I can be penalized and/or prosecuted.
- 11. I understand that I may not qualify should LIHEAP run out of funds.

The Hawaiian Electric Companies and the State of Hawaii Department of Human Services' Low Income Home Energy Assistance Program (LIHEAP) reached an agreement which will automatically qualify LIHEAP approved households for the Utility's Tier Waiver Provision. If determined eligible you will receive a letter in the mail from the Utility Company with more detailed information. For all Energy Credit eligible households the provision will begin in January. For Energy Crisis Intervention households the provision will begin once determined eligible. The Tier Wavier Provision will be provided for 12 months.

Applicants misrepresenting their household's circumstances will be disqualified from applying for LIHEAP for one federal fiscal year or benefit year per infraction.

I certify that, subject to penalties provided by law, the information I give is true, correct and complete to the best of my

knowledge. Signature of Applicant Date Signature of Applicant Date Signature of Applicant Date Signature of Applicant Date Witness if Signature is "X" Date I helped the applicant fill out this form. I understand that anyone helping another person in dishonestly getting benefits is subject to criminal penalties. I certify that the answers given by me on this form  $\square$  is what I know personally about him/her; or  $\square$  was provided by the applicant. **Print Name** Signature Date Address of Individual Assisting Phone No. of Individual Assisting